

EXHIBIT B

RECEIVED
CENTRAL FAX CENTER

SEP 28 2004

United Plaza, Suite 1600
30 South 17th Street
Philadelphia, PA 19103Telephone: +1-215-568-6400
Facsimile: +1-215-568-6499
www.volpe-koenig.com

BRINGING LAW TO YOUR IDEAS

February 18, 2004

Randolph J. Huis
rjh@volpe-koenig.comMr. Robert A. Rubino
296 Weigold Road
Tolland, CT 06084VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7003 0500 0002 0010 3281Re: File: OIC-PT024.1
U.S. Patent Appln. No. 10/770,719
RUGGEDIZED OPTICAL FIBER REARRANGEMENT DEVICE

Dear Mr. Rubino:

Further to our letter of January 16, 2004, we have filed a non-provisional patent application based on U.S. Provisional Application No. 60/445,377, filed February 5, 2003 for which you are a named inventor. We enclose another copy of the application for your review along with Declaration and Assignment Documents. Schott Glas has requested that the application be assigned to Schott Corporation.

Please review the Application, Declaration and Assignment. If all are accurate, please sign and date the Declaration and Assignment documents where indicated. If possible, please sign the Assignment in the presence of a notary public. Please return all pages of the signed Declaration and Assignment documents to us at your earliest convenience. A stamped self-addressed envelope is enclosed. Upon receipt of the executed documents, we will file them with the U.S. Patent and Trademark Office.

Feel free to contact me if you have any questions. Thank you for your attention to this matter.

Very truly yours,

Volpe and Koenig, P.C.

By 
Randolph J. HuisRJH/DPD/lhc
Enclosures

cc: Schott Glas (Dr. Marcus Bodesheim) - Letter Only

Patents

Trademarks

Copyrights

Trade Secrets

Litigation

Licensing

14926 0100 2000 0050 6000

U.S. Postal Service
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.29
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.34

PHILADELPHIA PA 19104
FEB 18 2004
Post Office
Permit No.

Sent To: **Robert A Rubino**
Street, Apt. No.,
or PO Box No. **296 Weigold Road**
City, State, ZIP+4[®] **Tolland CT 06084**

PS Form 3800, June 2002 See Reverse for Instructions

[illegible]